

## Quarterly pharmacy formulary change notice

Effective November 1, 2021, the preferred formulary changes detailed in the table below will apply to Anthem Blue Cross and Blue Shield members enrolled in Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Plan (HIP). Additionally, effective November 1, 2021, there will be changes to the nonpreferred and prior authorization (PA) requirements of these formulary items. These formulary changes were reviewed and approved at the second quarter 2021 Pharmacy and Therapeutics Committee meeting.

**Effective for all patients on November 1, 2021**

Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
<b>5-HT3 RECEPTOR ANTAGONISTS</b>	ONDANSETRON SOLUTION 4MG/5ML	PREFERRED	N/A
<b>**INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>	EZETIMIBE TABLET 10MG	PREFERRED	N/A
<b>**ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>	MEGESTROL SUS 625/5ML	PREFERRED	N/A
<b>**GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>	LUBIPROSTONE CAPSULE 8MCG LUBIPROSTONE CAPSULE 24MCG	PREFERRED WITH PA	N/A
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**</b>	TRULICITY INJ 0.75/0.5 TRULICITY INJ 1.5/0.5 TRULICITY INJ 3/0.5 TRULICITY INJ 4.5/0.5	PREFERRED WITH STEP THERAPY REQUIRED	N/A
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>	VICTOZA INJECTION 18MG/3ML	NON- PREFERRED CURRENT UTILIZERS WILL BE GRAND- FATHERED UNTIL 02/01/2022	TRULICITY INJECTION
<b>LOCAL ANESTHETICS - TOPICAL</b>	LIDOCAINE CREAM 3%	NON- PREFERRED	OTC LIDOCAINE CREAM 4%
<b>NITRATES</b>	NITRO-DUR DIS 0.1MG/HR NITRO-DUR DIS 0.3MG/HR NITRO-DUR DIS 0.8MG/HR	NON- PREFERRED	MINITRAN PATCH NITROGLYCERIN PATCH

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

<b>**NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	CELECOXIB CAP 50MG CELECOXIB CAP 100MG CELECOXIB CAP 200MG CELECOXIB CAP 400MG	PREFERRED WITH PA	N/A
<b>VISCOSUPPLEMENTS</b>	GELSYN-3 INJ 16.8/2ML	NON-PREFERRED	N/A
<b>UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN NOVEMBER 1, 2021</b> <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>			
<b>Therapeutic class</b>	<b>Medication</b>	<b>Formulary status change</b>	
<b>5-HT3 RECEPTOR ANTAGONISTS</b>	ONDANSETRON SOLUTION 4MG/5ML	REMOVE PA	
<b>ANTIBIOTICS - TOPICAL</b>	CENTANY OINTMENT 2% CENTANY AT KIT 2%	ADD ST	
<b>ANTIHYPERLIPIDEMICS</b>	ROSZET 5 MG/10 MG, 10 MG/10 MG, 20 MG/10 MG, 40 MG/10 MG	ADD ST AND QTY LIMIT: 1 TABLET PER DAY	
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>	LUMAKRAS TAB 120MG	ADD QL: 8 TABLETS PER DAY	
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>	TRUSELTIQ CAPSULES	ADD QL: 50 MG DAILY DOSE CARTON: 1 CARTON PER 28 DAYS (42 CAPS OF 25 MG) 75 MG DAILY DOSE CARTON: 1 CARTON PER 28 DAYS (63 CAPS OF 25 MG) 100 MG DAILY DOSE CARTON: 1 CARTON PER 28 DAYS (21 CAPS OF 100 MG) 125 MG DAILY DOSE CARTON: 1 CARTON/28 DAYS	
<b>CARDIOVASCULAR AGENTS - MISC.</b>	VERQUVO 5 MG, 10 MG	ADD PA AND QTY LIMIT: 1 TABLET PER DAY	
<b>CYSTIC FIBROSIS AGENTS</b>	BRONCHITOL (MANNITOL) 4 WEEK TREATMENT PACK (4 INHALERS, 560 40 MG CAPSULES)	ADD PA AND QTY LIMIT: 1 TREATMENT PACK (4 INHALERS, 560 40 MG CAPSULES IN TOTAL) PER 28 DAYS	
<b>CYSTIC FIBROSIS AGENTS</b>	BRONCHITOL (MANNITOL) 7 DAY TREATMENT PACK (1 INHALER, 140 40 MG CAPSULES)	ADD PA AND QTY LIMIT: 4 TREATMENT PACKS (4 INHALERS, 560 40 MG CAPSULES IN TOTAL) PER 28 DAYS	
<b>ENTERAL NUTRITION SUPPLIES</b>	RELIZORB CARTRIDGE	ADD PA AND QTY LIMIT: 2 CARTRIDGES PER DAY	
<b>ESTROGEN COMBINATION AGENTS</b>	MYFEMBREE TAB	ADD PA QL: 1 PER DAY	
<b>FLUORIDE</b>	SOD FLUORIDE DRO 0.5MG/ML	REMOVE QL	
<b>HEMATOLOGICAL AGENTS - MISC</b>	EMPAVELI INJ 1080MG	ADD PA AND QTY LIMIT: 9 VIALS PER 28 DAYS	
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>	VICTOZA INJECTION 18MG/3ML	ADD STEP THERAPY	
<b>LOCAL ANESTHETICS - TOPICAL</b>	LIDOCAINE CREAM 3% (RX & OTC)	ADD ST	

<b>MIGRAINE PRODUCTS</b>	<b>NURTEC ODT</b>	<p>UPDATE PA AND QTY LIMIT:</p> <p>ADD INTO CRITERIA FOR ACUTE MIGRAINE TX AND MIGRAINE PROPHYLAXIS; UPDATE QL OVERRIDE TO ALLOW FOR ADDITIONAL TABLETS PER 30 DAYS IF DX IS PROPHYLAXIS OF MIGRAINE</p> <p>REDUCE QL FROM 15 PER 30 DAYS TO 8 PER 30 DAYS</p> <p>GF INDIVIDUALS USING 9-15 TABLETS PER 30 DAYS</p>
<b>MULTIPLE SCLEROSIS AGENTS</b>	<p>PONVORY (PONESIMOD) STARTER PACK</p> <p>PONVORY (PONESIMOD) 20 MG</p>	<p>ADD PA AND QTY LIMIT:</p> <p>STARTER PACK: 1 PACK PER FILL, ONE TIME (STARTING DOSE TITRATION REGIMEN, 14 DAY SUPPLY)</p> <p>20 MG TABLET: 1 TABLET PER DAY</p>
<b>ROSACEA AGENTS</b>	<b>ORACEA, DOXYCYCLINE IR-DR 40 MG</b>	<b>ADD ST</b>
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>	<p>HYDROCHLOROTHIAZIDE CAPSULES 12.5MG</p> <p>HYDROCHLOROTHIAZIDE TABLETS 12.5MG</p> <p>HYDROCHLOROTHIAZIDE TABLETS 25MG</p>	<b>REMOVE QL</b>
<b>URINARY ANTISPASMODICS</b>	<b>MYRBETRIQ GRANULES</b>	<p>ADD PA AND QTY LIMIT:</p> <p>3 BOTTLES (300 ML) PER 30 DAYS</p>
<b>URINARY ANTISPASMODICS</b>	<b>GEMTESA 75 MG</b>	<p>ADD PA AND QTY LIMIT: 1 TABLET PER DAY</p>
<b>QTY LIMIT: ADDS/UPDATES</b>		
<b>ALTERNATIVE MEDICINES</b>	<p>MELATONIN CAP 5MG</p> <p>MELATONIN CHW 5MG</p> <p>MELATONIN SUB 5MG</p>	<b>2 TABS PER DAY</b>
<b>ALTERNATIVE MEDICINES</b>	<p>MELATONIN 200 MCG, 300 MCG, 500 MCG, 1 MG, 2.5 MG, 3 MG, 5 MG</p>	<b>2 TABLETS/CAPSULES/CHEWABLE/ SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET PER DAY</b>
<b>ALTERNATIVE MEDICINES</b>	<b>MELATONIN 10 MG, 12 MG</b>	<b>1 TABLET/SUBLINGUAL TABLET/ORALLY DISINTEGRATING TABLET PER DAY</b>
<b>ALTERNATIVE MEDICINES</b>	<b>MELATONIN LIQUID 2.5 MG/10ML</b>	<b>40 ML PER DAY</b>
<b>ALTERNATIVE MEDICINES</b>	<b>MELATONIN 5 MG/15 ML</b>	<b>30 ML PER DAY</b>
<b>ALTERNATIVE MEDICINES</b>	<b>MELATONIN 1 MG/ML</b>	<b>10 ML PER DAY</b>
<b>ALTERNATIVE MEDICINES</b>	<b>MELATONIN 3.5 MG/2 ML (1.75 MG/ML)</b>	<b>6 ML PER DAY</b>
<b>ALTERNATIVE MEDICINES</b>	<b>MELATONIN 3 MG/0.9 ML</b>	<b>2.7 ML PER DAY</b>

<b>ALTERNATIVE MEDICINES</b>	MELATONIN 5 MG/ML	2 ML PER DAY
<b>ALTERNATIVE MEDICINES</b>	MELATONIN 10 MG/ML	1 ML PER DAY
<b>ALTERNATIVE MEDICINES</b>	MELATONIN ER 1 MG, 3 MG, 5 MG, 10 MG	1 TABLET PER DAY
<b>AMINOGLYCOSIDES</b>	TOBRAMYCIN INJECTION	10 MG/ML, 40 MG/ML INJECTION: 90 VIALS PER 30 DAYS 1.2 G, 2 G INJECTION: 30 VIALS PER 30 DAYS
<b>AMINOGLYCOSIDES</b>	TOBI PODHALR CAP 28MG	224 CAPS PER 28 DAYS
<b>AMINOGLYCOSIDES</b>	TOBI NEB 300/5ML KITABIS PAK NEB 300/5ML	280 ML PER 28 DAYS
<b>AMINOGLYCOSIDES</b>	BETHKIS NEB 300/4ML	224 ML PER 28 DAYS
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	ZIPSOR CAP 25MG	4 CAPS PER DAY
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	CAMBIA POW 50MG	9 PACKETS PER 30 DAYS
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	IBUPROFEN CAP 200MG	100 PER 30 DAYS
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	SM IBUPROFEN TAB 100MG JR	100 PER 90 DAYS
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	INDOMETHACIN CAP 25MG	3 CAPS PER DAY
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	INDOMETHACIN CAP 50MG	4 CAPS PER DAY
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	INDOMETHACIN CAP 75MG ER	2 CAPS PER DAY
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	INDOCIN SUS 25MG/5ML	40 ML PER DAY
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	READY KETORO KIT 15MG/ML	4 INJECTIONS (4 ML) PER 30 DAYS
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	NAPROXEN SOD CAP 220MG	100 PER 90 DAYS
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	TOLMETIN SOD TAB 200MG	3 PER DAY
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	DICLO/MISOPR TAB 50-0.2MG	4 TABS PER DAY
<b>ANALGESICS - ANTI-INFLAMMATORY AGENTS</b>	DICLO/MISOPR TAB 75-0.2MG	2 TABS PER DAY
<b>ANALGESICS - NON-NARCOTIC</b>	ASPIRIN TAB 81MG EC	100 PER 90 DAYS
<b>ANALGESICS - NON-NARCOTIC</b>	ASPIRIN TAB 325MG EC	100 PER 25 DAYS
<b>ANALGESICS - NON-NARCOTIC</b>	ACETAMIN SOL 160/5ML	100 PER 25 DAYS
<b>ANALGESICS - OPIOID</b>	HYDROMO/NACL INJ 30/30ML HYDROMOR HCL INJ NACL	6 ML PER DAY
<b>ANALGESICS - OPIOID</b>	DEMEROL INJ 25MG/0.5 DEMEROL INJ 75MG/1.5	4 ML PER DAY
<b>ANALGESICS - OPIOID</b>	MORPHINE SUL INJ 150/30ML	1 VIALS (30 ML) PER DAY
<b>ANALGESICS - OPIOID</b>	MORPHINE SUL INJ 150/150	6 ML PER DAY

	MORPHINE SUL INJ 1000/100 HYDROMO/NACL INJ 1MG/ML HYDROMO/NACL INJ 30/30ML HYDROMO/NACL INJ 55/55ML MORPHIN/NACL INJ 2MG/2ML MORPHINE SUL INJ SODIUM C MORPHINE SUL INJ 5MG/5ML MORPHINE SUL INJ 275/55	
<b>ANDROGENS-ANABOLIC</b>	DANAZOL CAP 50MG DANAZOL CAP 100MG	2 TABS PER DAY
<b>ANDROGENS-ANABOLIC</b>	DANAZOL CAP 200MG	4 TABS PER DAY
<b>ANDROGENS-ANABOLIC</b>	OXANDROLONE TAB 2.5MG	4 TABS PER DAY
<b>ANDROGENS-ANABOLIC</b>	OXANDROLONE TAB 10MG	2 TABS PER DAY
<b>ANTIANGINAL AGENTS</b>	RANEXA TAB 500MG RANEXA TAB 1000MG	2 TABS PER DAY
<b>ANTIARRHYTHMICS</b>	MULTAQ TAB 400MG	2 TABS PER DAY
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	LONHALA MAGN SOL 25MCG	1 KIT PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	INCRUSE ELPT INH 62.5MCG	1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	PROAIR HFA AER VENTOLIN HFA AER PROVENTIL AER HFA	2 INHALERS PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	SEREVENT DIS AER 50MCG	1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	IPRATROPIUM/ SOL ALBUTER	540 ML PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	BEVESPI AER 9-4.8MCG	1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	ADVAIR HFA AER 45/21 ADVAIR HFA AER 115/21 ADVAIR HFA AER 230/21	1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	BREO ELLIPTA INH 100-25 BREO ELLIPTA INH 200-25	1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	DULERA AER 100-5MCG DULERA AER 200-5MCG	1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	TRELEGY AER ELLIPTA	1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND  BRONCHODILATOR  AGENTS</b>	ELIXOPHYLLIN ELX 80/15ML	112.5 ML PER DAY

<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	THEOPHYLLINE TAB 100MG CR THEOPHYLLINE TAB 200MG CR THEOPHYLLINE TAB 300MG ER THEOPHYLLINE TAB 300MG ER	2 CAPS PER DAY
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	THEOPHYLLINE TAB 400MG ER THEOPHYLLINE TAB 450MG ER THEOPHYLLINE TAB 600MG ER	1 TAB PER DAY
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	ARNUITY ELPT INH 100MCG	1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	ARNUITY ELPT INH 200MCG	1 INHALER POER 30 DAYS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	FLOVENT DISK AER 100MCG	1 INHALER PER 30 DAYS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	FLOVENT DISK AER 250MCG	4 INHALERS PER 30 DAYS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	ZYFLO TAB 600MG ZILEUTON ER TAB 600MG	4 TABS PER DAY
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	SINGULAIR CHW 4MG SINGULAIR CHW 5MG SINGULAIR TAB 10MG	1 TAB PER DAY
<b>ANTICOAGULANTS</b>	PRADAXA 75 MG PRADAXA 110 MG PRADAXA 150 MG	2 CAPS PER DAY
<b>ANTICOAGULANTS</b>	SAVAYSA TAB 15MG SAVAYSA TAB 30MG SAVAYSA TAB 60MG	1 TAB PER DAY
<b>ANTICOAGULANTS</b>	XARELTO TAB 10MG XARELTO TAB 20MG	1 TAB PER DAY
<b>ANTICOAGULANTS</b>	XARELTO TAB 15MG	UPDATE: 90 TABS PER 90 DAYS
<b>ANTICOAGULANTS</b>	XARELTO STAR TAB 15/20MG	1 PACK PER YEAR
<b>ANTICONVULSANTS</b>	FYCOMPA TAB 2MG FYCOMPA TAB 4MG FYCOMPA TAB 6MG FYCOMPA TAB 8MG FYCOMPA TAB 10MG FYCOMPA TAB 12MG	1 TAB PER DAY
<b>ANTICONVULSANTS</b>	FYCOMPA SUS 0.5MG/ML	24 ML PER DAY
<b>ANTICONVULSANTS</b>	BRIVIACT TAB 75MG BRIVIACT TAB 100MG	2 TABS PER DAY
<b>ANTICONVULSANTS</b>	BRIVIACT SOL 10MG/ML	20 ML PER DAY
<b>ANTIDIABETICS- INJECTABLE AGENTS</b>	SYMLINPEN 60 INJ 1000MCG	2 BOXES PER 30 DAYS
<b>ANTIDIABETICS- ORAL AGENTS</b>	CHLORPROPAM TAB 100MG	7 TABS PER DAY

ANTIDIABETICS- ORAL AGENTS	CHLORPROPAM TAB 250MG	3 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	AMARYL TAB 1MG	8 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	AMARYL TAB 2MG	4 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	AMARYL TAB 4MG	2 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLIPIZIDE TAB 5MG GLIPIZIDE ER TAB 2.5MG	8 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLIPIZIDE ER TAB 5MG GLIPIZIDE TAB 10MG	4 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLIPIZIDE ER TAB 10MG	2 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYBURIDE TAB 1.25MG	16 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYBURIDE TAB 2.5MG	8 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYBURIDE TAB 5MG	4 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYNASE TAB 1.5MG	8 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYNASE TAB 3MG	4 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLYNASE TAB 6MG	2 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	TOLAZAMIDE TAB 250MG	4 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	TOLAZAMIDE TAB 500MG	2 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	TOLBUTAMIDE TAB 500MG	6 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 500MG	5 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 850MG	3 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 1000MG	2 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	RIOMET SOL	2 BOTTLES PER 30 DAYS
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 500MG XR GLUMETZA TAB 500MG	4 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	GLUCOPHAGE TAB 750MG XR	2 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	FORTAMET TAB 1000MG GLUMETZA TAB 1000MG	2 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	REPAGLINIDE 0.5 MG REPAGLINIDE 1 MG	4 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	REPAGLINIDE 2 MG	8 TABS PER DAY
ANTIDIABETICS- ORAL AGENTS	BAQSIMI ONE POW 3MG/DOSE BAQSIMI TWO POW 3MG/DOSE	1 PACK IN 30 DAYS

<b>ANTIDIABETICS- ORAL AGENTS</b>	KORLYM TAB 300MG	4 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	PRECOSE TAB 100MG	3 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	GLYSET TAB 25MG GLYSET TAB 50MG GLYSET TAB 100MG	3 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	NESINA TAB 6.25MG NESINA TAB 12.5MG NESINA TAB 25MG	1 TAB PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	TRADJENTA TAB 5MG	1 TAB PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	CYCLOSET TAB 0.8MG	6 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	KAZANO 12.5- TAB 500MG KAZANO 12.5- TAB 1000MG	2 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	JENTADUETO TAB 2.5-500 JENTADUETO TAB 2.5-850 JENTADUETO TAB 2.5-1000	2 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	JANUMET XR TAB 50-500MG JANUMET XR TAB 50-1000	2 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	JANUMET XR TAB 100-1000	1 TAB PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	OSENI TAB 12.5-15 OSENI TAB 12.5-30 OSENI TAB 12.5-45 OSENI TAB 25-15MG OSENI TAB 25-30MG OSENI TAB 25-45MG	1 TAB PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	REPAGLINIDE TAB 1-500MG REPAGLINIDE TAB 2-500MG	5 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	GLIP/METFORM TAB 2.5-250M	8 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	GLIP/METFORM TAB 2.5-500M GLIP/METFORM TAB 5-500MG	4 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	GLYB/METFORM TAB 1.25-250	8 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	GLYB/METFORM TAB 2.5-500 GLYB/METFORM TAB 5-500MG	4 TABS PER DAY
<b>ANTIDIABETICS- ORAL AGENTS</b>	RIOMET ER SUS 500/5ML	2 BOTTLES PER 30 DAYS
<b>ANTIDIARRHEAL AGENTS</b>	LOPERAMIDE SOL 1/7.5ML LOPERAMIDE SOL 2MG/15ML	120 ML PER DAY
<b>ANTIPSORIATICS</b>	COSENTYX INJECTION 75MG/0.5 PF SYRINGE	1 SYRINGE PER 28 DAYS
<b>ANTIPSORIATICS</b>	SKYRIZI PEN INJECTION 150MG/ML	1 PEN PER 84 DAYS
<b>ANTIFUNGALS</b>	SPORANOX CAP PULSEPAK	126 CAPS PER 30 DAYS
<b>ANTIFUNGALS</b>	VFEND 200 MG TAB	2 TABLETS PER DAY
<b>ANTIFUNGALS</b>	VFEND 40 MG/ML ORAL SUSPENSION	10 ML PER DAY



ANTIHISTAMINES	BENADRYL ALG TAB 25MG	4 PER DAY
ANTIHISTAMINES	CLEMASTINE SYP 0.5/5ML	60 ML PER DAY
ANTIHISTAMINES	ZYRTEC ALLGY CAP 10MG	1 PER DAY
ANTIHISTAMINES	ZYRTEC CHILD TAB 10MG	1 PER DAY
ANTIHISTAMINES	ALLEGRA ALRG TAB 30MG	2 TABS PER DAY
ANTIHISTAMINES	ALLEGRA ODT 30 MG	2 TABS PER DAY
ANTIHISTAMINES	XYZAL TAB 5MG	1 TAB PER DAY
ANTIHISTAMINES	CLARITIN CAP 10MG	1 PER DAY
ANTIHISTAMINES	LORATADINE CHW 5MG	1 PER DAY
ANTIHYPERTENSIVES	QUESTRAN POW 4GM QUESTRAN POW 4GM LITE	24 G PER DAY
ANTIHYPERTENSIVES	PREVALITE POW 4GM PK	24 G PER DAY
ANTIHYPERTENSIVES	WELCHOL TAB 625MG	6 TABS PER DAY
ANTIHYPERTENSIVES	WELCHOL PAK 3.75GM	1 PACKET PER DAY
ANTIHYPERTENSIVES	COLESTID TAB 1GM	16 TABS PER DAY
ANTIHYPERTENSIVES	COLESTID GRA 5GM COLESTID POW 5GM	30 G PER DAY
ANTIHYPERTENSIVES	ANTARA CAP 30MG ANTARA CAP 90MG	1 CAP PER DAY
ANTIHYPERTENSIVES	LOPID TAB 600MG	2 TABS PER DAY
ANTIHYPERTENSIVES	LIVALO TAB 1MG LIVALO TAB 2MG LIVALO TAB 4MG	1 TAB PER DAY
ANTIHYPERTENSIVES	NIASPAN TAB 750MG ER NIASPAN TAB 1000 ER	2 TABS PER DAY
ANTIHYPERTENSIVES	MOEXIPRIL TAB 7.5MG	2 TABS PER DAY
ANTIHYPERTENSIVES	MOEXIPRIL TAB 15MG	4 TABS PER DAY
ANTIHYPERTENSIVES	TRANDOLAPRIL TAB 1MG TRANDOLAPRIL TAB 2MG TRANDOLAPRIL TAB 4MG	2 PER DAY
ANTIHYPERTENSIVES	BENICAR TAB 5MG	2 TABS PER DAY
ANTIHYPERTENSIVES	CORZIDE TAB 40-5MG CORZIDE TAB 80-5MG	1 TAB PER DAY
ANTIHYPERTENSIVES	CLONIDINE 0.1 MG, 0.2 MG, 0.3 MG	4 TABLETS PER DAY
ANTIHYPERTENSIVES	METHYLDOPA 250 MG	4 TABLETS PER DAY
ANTIHYPERTENSIVES	METHYLDOPA 500 MG	6 TABLETS PER DAY
ANTIHYPERTENSIVES	METHYLDOPA/HYDROCHLORO THIAZIDE 250 MG/15 MG	3 TABLETS PER DAY

<b>ANTIHYPERTENSIVES</b>	METHYLDOPA/HYDROCHLORO THIAZIDE 250 MG/25 MG	2 TABLETS PER DAY
<b>ANTIHYPERTENSIVES</b>	ZIAC (BISOPROLOL/HYDROCHLORO THIAZIDE) 2.5 MG/6.25 MG, 5 MG/6.25 MG, 10 MG/6.25 MG	2 TABLETS PER DAY
<b>ANTIHYPERTENSIVES</b>	NYMALIZE (NIMODIPINE ORAL SOLUTION) 60 MG/10 ML PREFILLED ORAL SYRINGE, 30 MG/5 ML PREFILLED ORAL SYRINGE	6 PREFILLED SYRINGES PER DAY
<b>ANTIHYPERTENSIVES</b>	NYMALIZE (NIMODIPINE ORAL SOLUTION) 6 MG/ML	60 ML PER DAY
<b>ANTIHYPERTENSIVES</b>	ALDACTAZIDE (SPIRONOLACTONE/HYDROCH LOROTHIAZIDE) 50 MG/50 MG	4 TABLETS PER DAY
<b>ANTIHYPERTENSIVES</b>	ALDACTONE (SPIRONOLACTONE) 100 MG	4 TABLETS PER DAY
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	CEFTRIAZONE INJECTION	500 MG, 1 G, 2 G: 60 VIALS/BAGS PER 30 DAYS 10 G, 100 G INJECTION: 1 VIAL/BAG PER 30 DAYS
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	CAYSTON INH 75MG	84 VIALS PER 28 DAYS
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	CLEOCIN CAPSULES	75 MG CAPS: 4 PER DAY 150 MG CAPS: 12 PER DAY 300 MG CAPS: 8 PER DAY
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	CLEOCIN PHOS INJ 300/2ML CLEOCIN PHOS INJ 600/4ML CLEOCIN PHOS INJ 900/6ML CLEOCIN PHOS INJ 9GM/60ML CLEOCIN PHOS INJ 300/2ML CLEOCIN PHOS INJ 600/4ML CLEOCIN PHOS INJ 900/6ML	20 ML PER DAY
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	VANCOMYCIN INJECTION	250 MG INJECTION: 4 VIALS PER DAY 500 MG, 750 MG, 1 G, 1.25 G, 1.5 G: 2 VIALS/BAGS PER DAY 1.75 G, 2 G: 2 BAGS PER DAY 5 G, 10 G, 100 G: 1 VIAL PER 30 DAYS
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	FURADANTIN SUS 25MG/5ML	80 ML PER DAY
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	MACRODANTIN CAP 25MG MACRODANTIN CAP 50MG MACRODANTIN CAP 100MG	4 CAPS PER DAY
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	MACROBID CAP 100MG	14 CAPS PER FILL; 1 FILL PER 30 DAYS
<b>ANTINEOPLASTICS AGENTS</b>	CASODEX TAB 50MG	1 TAB PER DAY
<b>ANTINEOPLASTICS AGENTS</b>	ZYKADIA TAB 150MG	3 PER DAY
<b>ANTINEOPLASTICS AGENTS</b>	ICLUSIG TAB 30MG	1 TABLET PER DAY

<b>ANTINEOPLASTICS AGENTS</b>	ZEJULA CAP 100MG	3 TABS PER DAY
<b>ANTINEOPLASTICS AGENTS</b>	PHESGO 1200-600-30000	1 VIAL PER 42 DAYS
<b>ANTINEOPLASTICS AGENTS</b>	PHESGO 600-600-20000	1 VIAL PER 21 DAYS
<b>ANTINEOPLASTICS AGENTS</b>	XPOVIO PAK 40MG XPOVIO PAK 60MG XPOVIO PAK 80MG XPOVIO PAK 100MG	1 CARTON/28 DAYS OR 1 PACK/7 DAYS
<b>ANTINEOPLASTICS AGENTS</b>	KISQALI 200 PAK FEMARA KISQALI 400 PAK FEMARA KISQALI 600 PAK FEMARA	1 CARTON PER 28 DAYS
<b>ANTINEOPLASTICS AGENTS</b>	LUPR DEP-PED INJ 3M 30MG	1 KIT PER 12 WEEKS
<b>ANTINEOPLASTICS AGENTS</b>	XTANDI 40 MG	3 PER DAY 4 PER DAY
<b>ANTINEOPLASTICS AGENTS</b>	XTANDI 80 MG	2 TABLETS PER DAY
<b>ANTIPARKINSON AGENTS</b>	TASMAR TAB 100MG	6 TABS PER DAY
<b>ANTIPARKINSON AGENTS</b>	COMTAN TAB 200MG	8 TABS PER DAY
<b>ANTIPARKINSON AGENTS</b>	AMANTADINE TAB 100MG	4 TABS/CAPS PER DAY
<b>ANTIPARKINSON AGENTS</b>	MIRAPEX ER TAB 0.375MG MIRAPEX ER TAB 0.75MG MIRAPEX ER TAB 1.5MG MIRAPEX ER TAB 2.25MG MIRAPEX ER TAB 3MG MIRAPEX ER TAB 3.75MG MIRAPEX ER TAB 4.5MG	1 TAB PER DAY
<b>ANTIPARKINSON AGENTS</b>	RYTARY CAP 95MG	12 CAPS PER DAY
<b>ANTIPARKINSON AGENTS</b>	RYTARY CAP 145MG	9 CAPS PER DAY
<b>ANTIPARKINSON AGENTS</b>	RYTARY CAP 195MG	12 CAPS PER DAY
<b>ANTIPARKINSON AGENTS</b>	RYTARY CAP 245MG	10 CAPS PER DAY
<b>ANTIPARKINSON AGENTS</b>	AZILECT TAB 0.5MG	2 TABS PER DAY
<b>ANTIPARKINSON AGENTS</b>	AZILECT TAB 1MG	1 TAB PER DAY
<b>ANTIPARKINSON AGENTS</b>	XADAGO TAB 50MG	2 TABS PER DAY
<b>ANTIPARKINSON AGENTS</b>	XADAGO TAB 100MG	1 TAB PER DAY
<b>ANTIPARKINSON AGENTS</b>	ZELAPAR TAB 1.25MG	2 TABS PER DAY
<b>ANTIPARKINSON AGENTS</b>	APOKYN INJ 10MG/ML	2 ML PER DAY
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>	HUMIRA (ADALIMUMAB) 80 MG/0.8 ML PREFILLED PEN <sub>∞</sub>	2 PENS PER 28 DAYS

<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>	HUMIRA (ADALIMUMAB) PEDIATRIC ULCERATIVE COLITIS STARTER PACK 80 MG/0.8 ML PREFILLED SYRINGE	1 PACK (28 DAY SUPPLY, ONE TIME FILL)
<b>ANTIVIRALS- HEPATITIS B</b>	ADEFOV DIPIV TAB 10MG	1 TAB PER DAY
<b>ANTIVIRALS- HEPATITIS B</b>	BARACLUDE SOL	20 ML PER DAY
<b>BETA BLOCKERS</b>	BETAPACE TAB 80MG	3 TABS PER DAY
<b>BETA BLOCKERS</b>	BETAPACE TAB 120MG	3 TABS PER DAY
<b>BETA BLOCKERS</b>	BETAPACE TAB 160MG	4 TABS PER DAY
<b>BETA BLOCKERS</b>	SORINE TAB 240MG	2 TABS PER DAY
<b>BETA BLOCKERS</b>	TOPROL XL TAB 25MG	2 TABS PER DAY
<b>BETA BLOCKERS</b>	TOPROL XL TAB 50MG	1 TAB PER DAY
<b>BETA BLOCKERS</b>	TOPROL XL TAB 100MG	1 TAB PER DAY
<b>BETA BLOCKERS</b>	TOPROL XL TAB 200MG	2 TABS PER DAY
<b>BETA BLOCKERS</b>	METOPROL TAR TAB 25MG METOPROLOL TAB 37.5MG METOPROLOL TAB 75MG	2 TABS PER DAY
<b>BETA BLOCKERS</b>	ACEBUTOLOL 200 MG	6 CAPSULES PER DAY
<b>BETA BLOCKERS</b>	ACEBUTOLOL 400 MG	3 CAPSULES PER DAY
<b>BETA BLOCKERS</b>	BETAXOLOL 10 MG	1 TABLET PER DAY
<b>BETA BLOCKERS</b>	BETAXOLOL 20 MG	2 TABLETS PER DAY
<b>BETA BLOCKERS</b>	BISOPROLOL 5 MG	1 TABLET PER DAY
<b>BETA BLOCKERS</b>	BISOPROLOL 10 MG	2 TABLETS PER DAY
<b>BETA BLOCKERS</b>	COREG CR (CARVEDILOL ER) 10 MG, 20 MG, 40 MG, 80 MG	1 CAPSULE PER DAY
<b>BETA BLOCKERS</b>	CORGARD (NADOLOL) 20 MG	1 TABLET PER DAY
<b>BETA BLOCKERS</b>	CORGARD (NADOLOL) 40 MG	3 TABLETS PER DAY
<b>BETA BLOCKERS</b>	CORGARD (NADOLOL) 80 MG	4 TABLETS PER DAY
<b>BETA BLOCKERS</b>	INDERAL LA (PROPRANOLOL ER) 60 MG, 80 MG	1 CAPSULE PER DAY
<b>BETA BLOCKERS</b>	INDERAL LA (PROPRANOLOL ER) 120 MG	2 CAPSULES PER DAY
<b>BETA BLOCKERS</b>	INDERAL LA (PROPRANOLOL ER) 160 MG	4 CAPSULES PER DAY
<b>BETA BLOCKERS</b>	INDERAL XL (PROPRANOLOL ER) 80 MG, 120 MG	1 CAPSULE PER DAY
<b>BETA BLOCKERS</b>	INNOPRAN XL (PROPRANOLOL ER) 80 MG, 120 MG	1 CAPSULE PER DAY

<b>BETA BLOCKERS</b>	LABELALOL 100 MG, 200 MG, 300 MG	8 TABLETS PER DAY
<b>BETA BLOCKERS</b>	PINDOLOL 5 MG, 10 MG	6 TABLETS PER DAY
<b>BETA BLOCKERS</b>	PROPRANOLOL 10 MG, 20 MG, 40 MG, 60 MG	4 TABLETS PER DAY
<b>BETA BLOCKERS</b>	PROPRANOLOL 80 MG	8 TABLETS PER DAY
<b>BETA BLOCKERS</b>	PROPRANOLOL ORAL SOLUTION 20 MG/5 ML	20 ML PER DAY
<b>BETA BLOCKERS</b>	PROPRANOLOL ORAL SOLUTION 40 MG/5 ML	80 ML PER DAY
<b>BETA BLOCKERS</b>	PROPRANOLOL/HYDROCHLOR OTHIAZIDE 40 MG/25 MG, 80 MG/25 MG	2 TABLETS PER DAY
<b>BETA BLOCKERS</b>	TENORMIN (ATENOLOL) 25 MG, 50 MG, 100 MG	2 TABLETS PER DAY
<b>BETA BLOCKERS</b>	TENORETIC (ATENOLOL/CHLORTHALIDON E) 50 MG/25 MG, 100 MG/25 MG	1 TABLET PER DAY
<b>BETA BLOCKERS</b>	TIMOLOL 5 MG, 10 MG	6 TABLETS PER DAY
<b>BETA BLOCKERS</b>	TIMOLOL 20 MG	3 TABLETS PER DAY
<b>CARDIOTONICS</b>	LANOXIN TAB 0.0625MG	1 TAB PER DAY
<b>CARDIOTONICS</b>	DIGITEK TAB 0.125MG	1 TAB PER DAY
<b>CARDIOTONICS</b>	DIGITEK TAB 0.25MG	2 TABS PER DAY
<b>CARDIOVASCULAR AGENTS - MISC.</b>	TYVASO START SOL 0.6MG/ML TYVASO SOL 0.6MG/ML	1 AMPULE PER DAY
<b>CARDIOVASCULAR AGENTS - MISC.</b>	BIDIL	6 TABS PER DAY
<b>CARDIOVASCULAR AGENTS - MISC.*</b>	VERQUVO 2.5 MG	2 TABLETS PER DAY 1 TABLET PER DAY
<b>CHEMICALS</b>	COTTONSEED OIL	1 PACKAGE PER 20 DAYS
<b>COUGH/COLD/ALLERGY</b>	SEMPREX-D CAP 8-60MG	4 CAPS PER DAY
<b>COUGH/COLD/ALLERGY</b>	GUAIFENESIN SOL DAC	120 ML PER FILL; 2 FILLS PER 30 DAYS
<b>COUGH/COLD/ALLERGY</b>	MICLARA DM LIQ	20 ML PER DAY
<b>CYSTIC FIBROSIS AGENTS</b>	BRONCHITOL (MANNITOL) TOLERANCE TEST (1 INHALER, 10 40 MG CAPSULES)	1 TEST PER FILL, ONE TIME
<b>DERMATOLOGICALS</b>	WINLEVI CRE 1%	60 G PER 30 DAYS
<b>DERMATOLOGICALS</b>	ARAZLO LOT 0.045%	45 G PER 30
<b>DERMATOLOGICALS</b>	AKTIPAK GEL 5-3%	46.6 GRAMS PER 30 DAYS
<b>DERMATOLOGICALS</b>	MIRVASO GEL 0.33%	30 G PER 30
<b>DERMATOLOGICALS</b>	ZONALON CRE 5% PRUDOXIN CRE 5%	1 TUBE/FILL, 1 FILL/3 MONTHS

<b>DERMATOLOGICALS</b>	EUCRISA OIN 2%	100 G PER 30 DAYS
<b>DERMATOLOGICALS</b>	TARGRETIN GEL 1%	60 G PER 30 DAYS
<b>DERMATOLOGICALS</b>	EUCERIN LOT	480 ML PER 30 DAYS
<b>DERMATOLOGICALS</b>	AQUAPHILIC OIN	240 G PER 90 DAYS
<b>DERMATOLOGICALS</b>	PODOFILOX SOL 0.5%	1 BOTTLES (7 ML) PER 28 DAYS; 1 FILL TO LAST FOUR 1-WEEK CYCLES
<b>DERMATOLOGICALS</b>	CONDYLOX GEL 0.5%	1 TUBES (7 ML) PER 28 DAYS; 1 FILL TO LAST FOUR 1-WEEK CYCLES
<b>DERMATOLOGICALS</b>	VEREGEN OIN 15%	30 G PER 30 DAYS; 1 TOTAL FILLS
<b>DERMATOLOGICALS</b>	ZYCLARA PUMP CRE 2.5%	1 PUMP BOTTLE PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
<b>DERMATOLOGICALS</b>	ZYCLARA PUMP CRE 3.75%	1 BOX (28 PACKETS) PER 28 DAYS; 56 DAYS OF TREATMENT PER YEAR
<b>DERMATOLOGICALS</b>	XYLOCAINE 4% SOLN	10 ML PER DAY
<b>DERMATOLOGICALS</b>	PLIAGLIS KIT 7-7%	30 GRAMS PER 30 DAYS
<b>DERMATOLOGICALS</b>	LIDO/PRILOCN KIT 2.5-2.5%	1 KIT PER 30 DAYS
<b>DERMATOLOGICALS</b>	ULESFIA LOT 5%	2 X 227 G PACKPER 30 DAYS
<b>DERMATOLOGICALS</b>	SKLICE LOT 0.5%	120 G PER 30 DAYS
<b>DERMATOLOGICALS</b>	NATROBA SUS 0.9%	120 ML PER 7 DAYS
<b>DERMATOLOGICALS</b>	REGRANEX GEL 0.01%	15 G PER 30 DAYS
<b>DERMATOLOGICALS</b>	ILUMYA SOL 100MG/ML	1 PREFILLED SYRINGE PER 84 DAYS
<b>DIABETIC SUPPLIES</b>	<b>DIABETIC TEST STRIPS</b>	UPDATE QL: 200 PER 30 DAYS FOR: 17 OR YOUNGER, OR USING INSULIN, OR PREGNANT  50 PER 30 DAYS FOR ALL OTHERS  50 PER 30 DAYS FOR THOSE USING A CGM
<b>DIAGNOSTIC PRODUCTS</b>	CORTROSYN INJ 0.25MG	1 INJECTION PER YEAR
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	ACTONEL TAB 150MG	1 TAB PER 28 DAYS
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	LUPR DEP-PED INJ 15MG LUPR DEP-PED INJ 11.25MG	1 KIT PER 4 WEEKS
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	LUPANETA KIT 3.75-5	1 PACK PER 4 WEEKS
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	LUPANETA KIT 11.25-5	1 PACK PER 12 WEEKS

<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	EGRIFTA SOL 1MG	2 VIALS PER DAY
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	EGRIFTA SOL 2MG	1 VIAL PER DAY
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	EGRIFTA SV INJ 2MG	1 VIAL PER DAY
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	SAMSCA TAB 15MG	1 PER DAY
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	JYNARQUE TAB 15MG	1 PER DAY
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	SAMSCA TAB 30MG	2 PER DAY
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	JYNARQUE TAB 30MG	2 PER DAY
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	GALAFOLD CAP 123MG	14 CAPS PER 28 DAYS
<b>ESTROGENS</b>	DIVIGEL GEL 0.75MG	30 PACKETS PER 30 DAYS
<b>FLUOROQUINOLONES</b>	CIPROFLOXACN TAB 500MG ER	3 TABS PER FILL; 1 FILL PER 30 DAYS
<b>FLUOROQUINOLONES</b>	LEVOFLOXACIN INJ 25MG/ML	480 ML PER FILL; 1 FILL PER 30 DAYS
<b>FLUOROQUINOLONES</b>	MOXIFLOXACIN TAB 400MG	21 TABS PER FILL; 1 FILL PER 30 DAYS
<b>GASTROINTESTINAL AGENTS - MISC.</b>	RELISTOR INJ 8/0.4ML RELISTOR INJ 12/0.6ML	1 VIAL/SYRINGE PER DAY
<b>GASTROINTESTINAL AGENTS - MISC.</b>	PHOSLYRA SOL	60 ML PER DAY
<b>GASTROINTESTINAL AGENTS - MISC.</b>	AURYXIA TAB 210MG	9 TABS PER DAY
<b>GASTROINTESTINAL AGENTS - MISC.</b>	SEVELAMER TAB 400MG	15 TABS PER DAY
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>	AVODART CAP 0.5MG	1 CAP PER DAY
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>	CARDURA XL TAB 4MG CARDURA XL TAB 8MG	1 TAB PER DAY
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>	RAPAFLO CAP 4MG RAPAFLO CAP 8MG	1 TAB PER DAY
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>	JALYN CAP	1 CAP PER DAY
<b>H-2 ANTAGONISTS</b>	CIMETIDINE TAB 800MG	3 TABS PER DAY
<b>HEMATOLOGICAL AGENTS - MISC.</b>	AGRYLIN CAP 0.5MG	20 CAPS PER DAY
<b>HEMATOLOGICAL AGENTS - MISC.</b>	PLAVIX TAB 300MG	1 TAB PER 30 DAYS

<b>HEMATOPOIETIC AGENTS</b>	PROCRT INJ 20000/ML	12 VIALS PER 28 DAYS
<b>HEMATOPOIETIC AGENTS</b>	CERDELGA CAP 84MG	2 CAPS PER DAY
<b>HEMATOPOIETIC AGENTS</b>	ZAVESCA CAP 100MG	3 CAPS PER DAY
<b>HEMATOPOIETIC AGENTS</b>	NEULASTA ONPRO	2 KITS PER 28 DAYS
<b>INSULIN</b>	TOUJEO MAX INJ 300IU/ML	12 ML PER 30 DAYS
<b>INSULIN</b>	NOVOLIN R INJ 100 UNIT	30 ML PER 30 DAYS
<b>LAXATIVES</b>	COLACE CLEAR CAP 50MG	6 CAPS PER DAY
<b>LAXATIVES</b>	MIRALAX POW 3350 NF	2 PACKETS PER DAY
<b>LAXATIVES</b>	GAVILYTE-H PEG-PREP	1 KIT PER 30 DAYS
<b>MACROLIDES</b>	AZITHROMYCIN SUS 200/5ML	15 ML/FILL; 1 FILL/30 DAYS
<b>MACROLIDES</b>	CLARITHROMYC TAB 250MG CLARITHROMYC TAB 500MG	28 TABS/FILL; 1 FILL/30 DAYS
<b>MACROLIDES</b>	DIFICID TAB 200MG	20 TABS/FILL; 1 FILL/30 DAYS
<b>MEDICAL DEVICES AND SUPPLIES</b>	OMNIPOD MIS 5 PACK CARTRIDGE MIS 3ML ULTRAFLEX MIS 31/8MM CARTRIDGE MIS PUMP	15 PER 30 DAYS
<b>MEDICAL DEVICES AND SUPPLIES</b>	OMNIPOD KIT STARTER	1 PUMP EVERY 4 YEARS
<b>MEDICAL DEVICES AND SUPPLIES</b>	DEXCOM G6 MIS RECEIVER DEXCOM G5 MIS RECEIVER	1 RECEIVER PER YEAR
<b>MEDICAL DEVICES AND SUPPLIES</b>	DEXCOM G6 MIS SENSOR GUARDIAN MIS SENSOR 3	5 SENSORS PER 30 DAYS
<b>MEDICAL DEVICES AND SUPPLIES</b>	DEXCOM G6 MIS TRANSMIT DEXCOM G5 MIS TRANSMIT GUARDIAN CON MIS TRANSMIT EVERSENSE MIS TRANSMTR GUARDIAN CON MIS TRANSMIT	1 TRANSMITTER PER 90 DAYS
<b>MIGRAINE PRODUCTS</b>	DIHYDROERGOT INJ 1MG/ML	24 ML PER 28 DAYS
<b>MIGRAINE PRODUCTS</b>	IMITREX INJ 6MG/0.5	6 PER 30 DAYS
<b>MIGRAINE PRODUCTS</b>	AIMOVIG INJ 70MG/ML	1 PER 30 DAYS
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	RHINOCORT SUS ALLERGY BUDESONIDE SUS 32MCG FLONASE SENS SUS 27.5MCG	2 INHALERS PER 30 DAYS
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	FLUTICASONE SPR 50MCG TRIAMCINOLON AER 55MCG/AC	1 INHALER PER 30 DAYS
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	RHINARIS SPR 0.2%	2 FILLS PER 3 DAYS



<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>	OCEAN NASAL SPR 0.65% AYR NASAL DRO 0.65% NASADROPS DRO 0.9%	2 FILLS PER 30 DAYS
<b>NEUROMUSCULAR AGENTS</b>	RILUTEK TAB 50MG	4 TABS PER DAY
<b>OPHTHALMIC AGENTS</b>	BETOPTIC-S SUS 0.25% OP	15 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	TIMOPTIC SOL 0.5% OP	20 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	ISTALOL SOL 0.5% OP	5 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	COMBIGAN SOL 0.2/0.5%	15 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	COSOPT PF SOL 2%-0.5%	12 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	LOTEMAX SUS 0.5%	30 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	INVELTYS SUS 1%	5.6 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	LOTEMAX SM GEL 0.38% LOTEMAX GEL 0.5%	10 G PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	LOTEMAX OIN 0.5%	7 G PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	PREDNISOLONE SUS 1% OP PRED SOD PHO SOL 1% OP	20 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	LUMIGAN SOL 0.01%	7.5 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	XELPROS EMU 0.005%	5 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	ZIOPTAN DRO 0.0015%	9 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	PHOSPHOLINE SOL 0.125%OP	5 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	SIMBRINZA SUS 1-0.2%	8 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	RESTASIS EMU 0.05%	2 VIALS PER DAY
<b>OPHTHALMIC AGENTS</b>	PROLENSA SOL 0.07%	3 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	BROMSITE DRO 0.075%	5 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	BROMFENAC SOL 0.09% OP	1.7 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	DICLOFENAC SOL 0.1% OP	5 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	FLURBIPROFEN 0.03% SOLN	2.5 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	ACUVAIL SOL 0.45%	1 BOX (30 SINGLE-USE VIALS) PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	NEVANAC SUS 0.1%	3 ML PER 30 DAYS
<b>OPHTHALMIC AGENTS</b>	ILEVRO DRO 0.3% OP	1.7 ML PER 30 DAYS
<b>OPHTHALMIC ANTI- INFECTIVES</b>	ERYTHROMYCIN OIN 5MG/GM	3.5 GRAMS PER 30 DAYS
<b>OPHTHALMICS - MISC.</b>	ACULAR LS 0.4% SOLUTION	5 ML PER 30 DAYS
<b>PRENATAL VITAMINS</b>	CALNA TAB VITAFOL STRP MIS 1MG PRENATVITE TAB PLUS	1 PER DAY

	PRENATVITE TAB COMPLETE PRENARA CAP PRENATAL TRINAZ TAB 12-1MG PRENATAL CAP OMEGA-3 YOUR LIFE CAP PRENATAL NUTRIENTS TAB PRENATAL PREGENNA TAB AZESCHEW CHW 13-1MG ATABEX CHW PRENATAL PRENATAL MUL CAP DHA TRISTART ONE CAP 35-1-215 CITRANATAL CAP MEDLEY BE WELL PAK ROUNDED	
<b>PRENATAL VITAMINS</b>	VITAFOL FE+ CAP CITRANATAL PAK ESSENCE ENFAMIL MIS EXPECTA NEONATAL/DHA MIS	2 PER DAY
<b>PROBIOTIC AGENTS</b>	ACIDOPHILUS CAP	4 PER DAY
<b>PROTON PUMP INHIBITORS</b>	PANTOPRAZOLE PAK 40MG	1 PER DAY
<b>PROTON PUMP INHIBITORS</b>	ESOMEPRAZOLE ODT 20 MG	2 TABLETS PER DAY
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	NAMENDA XR CAP 7MG NAMENDA XR CAP 14MG NAMENDA XR CAP 21MG NAMENDA XR CAP 28MG	1 CAP PER DAY
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	NAMENDA XR CAP TITRATIO	1 PACK
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	NICOTROL NS SPRAY 10MG/ML	80 SPRAYS (40 DOSES) PER DAY
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	NICOTROL INH	16 CARTRIDGES PER DAY
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	TYSABRI INJ 300/15ML	1 VIAL PER 28 DAYS
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	MAVENCLAD PAK 10MG	1 BOX PER FILL, 2 FILLS PER 46 WEEKS
<b>RESPIRATORY AGENTS - MISC.</b>	SYMDEKO TAB 50-75MG	1 CARTON PER 28 DAYS
<b>TARGETED IMMUNE MODULATORS</b>	ARAVA TAB 10MG ARAVA TAB 20MG	1 TAB PER DAY
<b>TARGETED IMMUNE MODULATORS</b>	HUMIRA PEN INJ 40MG/0.8	2 PER 28 DAYS
<b>TARGETED IMMUNE MODULATORS</b>	HUMIRA PEN INJ PS/UV	1 PACK- ONE TIME FILL
<b>TARGETED IMMUNE MODULATORS</b>	HUMIRA PEN INJ CD/UC/HS	1 PACK – ONE TIME FILL
<b>TARGETED IMMUNE MODULATORS</b>	HUMIRA KIT 40MG/0.8	2 SYRINGES PER 28 DAYS

<b>TARGETED IMMUNE MODULATORS</b>	HUMIRA PEDIA INJ CROHNS	1 PACK – ONE TIME FILL
<b>TETRACYCLINES</b>	DOXYCYCLINE HYCLATE (TARGADOX, ACTICLATE, GENERICS) 20 MG, 50 MG, 75 MG, 100 MG TABLETS/CAPSULES DOXYCYCLINE HYCLATE DR (DORYX, DORYX MPC, GENERICS) TABLET/CAPSULE 50 MG, 75 MG, 80 MG, 100 MG, 120 MG TABLETS DOXYCYCLINE MONOHYDRATE (MONODOXYNE NL, OKEBO, AVIDOXY, GENERICS) 50 MG, 75 MG, 100 MG DOXYCYCLINE HYCLATE DR (DORYX, GENERICS) 150 MG, 200 MG TABLETS	2 TABLETS/CAPSULES PER DAY
<b>TETRACYCLINES</b>	DOXYCYCLINE HYCLATE (ACTICLATE, GENERICS) 150 MG TABLET	1 TABLET PER DAY
<b>TETRACYCLINES</b>	DOXY 100 INJECTION 100 MG/VIAL	2 VIALS (200 MG) PER DAY
<b>URINARY ANTISPASMODICS</b>	OXYBUTYNIN SYP 5MG/5ML	20 ML PER DAY
<b>URINARY ANTISPASMODICS</b>	OXYBUTYNIN TAB 10MG ER OXYBUTYNIN TAB 15MG ER	2 TABS PER DAY
<b>URINARY ANTISPASMODICS</b>	VESICARE LS SUS 5MG/5ML	10 ML PER DAY
<b>VAGINAL AND RELATED PRODUCTS</b>	GYNE-LOTRIM CRE 1% VAG	45 G PER 30 DAYS
<b>VAGINAL AND RELATED PRODUCTS</b>	MONISTAT 3 KIT COMBO PK	1 PACK PER 30 DAYS
<b>VAGINAL AND RELATED PRODUCTS</b>	TERCONAZOLE CRE 0.4%	90 G PER 30 DAYS

**What action do I need to take?**

Please review these changes and work with your patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you will need to obtain PA to continue coverage beyond the applicable effective date.

**What if I need assistance?**

We recognize the unique aspects of patient cases. If your patient cannot be converted to a formulary alternative for medical reasons, call our Pharmacy department at **866-408-6132** for Hoosier Healthwise, **844-533-1995** for HIP, or **844-284-1798** for Hoosier Care Connect and follow the voice prompts for pharmacy PA. You can find the preferred drug lists on our provider website at <https://providers.anthem.com/in> > Eligibility & Pharmacy > Pharmacy Benefits.

If you need assistance with any other item, contact your local Provider Experience representative or call Provider Services at the appropriate number listed above.